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ABSTRACT

A shift in the role function of the hospital-based educator has increased his/her involvement in organizational decision making, including internal consulting. One aspect of the educator's practice now is evaluation. A broader, more flexible concept of evaluation is needed which is applicable to decision making about human resource/organizational questions as well as course evaluation questions. One such definition sees educational evaluation as the process of delineating, obtaining, and providing useful information for judging decision alternatives. To translate this definition into effective evaluation studies, hospital-based educators must develop strategies for identifying, gathering, and presenting useful information. Educators must understand three factors affecting usefulness of information: (1) user's perceptions, (2) ways in which the information is gathered, and (3) the way in which the information is presented. (YLB)

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HOSPITAL-BASED EDUCATORS AS INTERNAL CONSULTANTS: THE NEED FOR EFFECTIVE APPROACHES TO EVALUATION

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INTRODUCTION

Within the past few years, the role of the hospital-based educator has been evolving beyond that of course planner, coordinator and teacher to that of internal organizational consultant on a wide range of issues related to human resources. As Kennedy stated in 1977:

> Human resources management is quickly becoming a reality for us. Succinctly defined, human resources management is a comprehensive approach to the utilization of personnel that can assist the organization by maintaining sound employee relations, improving productivity, encouraging leadership effectiveness, and recruiting and developing a competent work force.[1]

This shift from hospital educator as an implementor of courses to hospital educator as an internal consultant for organizational development is further reflected in the document, The Education Function of Hospitals, which sets forth the following responsibilities for the hospital's education system:

- Defining and influencing educational philosophy and hospital policy.
- Coaching and developing staff.
- Counseling Staff.
- Consulting on organizational procedures.
- Providi[illegible]r educational programming.
- Providing liaison with external resources.[2]

Results of a 1977-78 survey sponsored by the American Society for Training and Development offer additional evidence of this shift in the hospital educator's role. Clement, Walker and Pinto in summarizing several major findings of the study reported that training and development activities appear to be expanding in the direction of increased involvement in

"management duties," "organizational development" and "internal consulting."[3]

This shift in role function gives the hospital-based educator an opportunity to impact on decisions which affect the health care industry's most significant and costly resource--people. At the same time, as the domain of the educator expands beyond the classroom to encompass the complexities of organizational decision making, the nature of the educator's practice is also changing. It is the purpose of this paper to examine one aspect of this practice, that of evaluation. Based on the premise that evaluation viewed narrowly in terms of "course evaluation" is no longer adequate, the paper will:

- Present a broader, more flexible concept of evaluation which is applicable to decision making about human resource/organizational questions as well as course evaluation questions;
- Analyze issues which educators must understand in order to work effectively within the concept, and
- Generate principles which educators can use to guide their evaluation efforts.

The intent is not to present specific techniques for conducting evaluations but rather to highlight factors that are important to consider when planning evaluation projects.

THE CONCEPT OF EVALUATION

A selected review of the literature on education, training and development in work organizations suggests that evaluation is commonly conceived of as course evaluation (3,10). With such a concept, evaluation is often viewed as the process of assessing the degree to which program objectives are met and measuring learning outcomes and changes in employee performance. More recently, as hospitals have begun to experience mounting governmental pressure to contain costs, hospital-based educators have also begun to

face the problem of accountability--i.e., demonstrating the contribution of education to quality of patient care, productivity, competence of staff, managerial effectiveness, and similar organizational issues (7,13,14). In response to these concerns, attention has been focused on the need to develop techniques and procedures which allow for more precise measurement of educational outcomes.

Schechter, in his landmark study of continuing education in health care institutions was among the first to point out the need, stating, "...neglect in the area of evaluation unfortunately is reflected in scarcity of assistance with evaluating continuing education programs, and of instruments for evaluating them...."[4] Kennedy in discussing issues of human resources management in hospitals, also saw a need for research that would "...help alleviate another critical problem facing use--the difficulty of measuring results."[5] The quest continues today as evidenced in writings such as "Evaluation in Focus" (1); "Assessing Supervisory Training Needs and Evaluating Effectiveness" (2); "Measuring the Payoff in Management Training," (17); "You and Effective Training--Parts 9 and 10: The Art of Questioning/Evaluating Effectiveness" (20); and Developing and Evaluating Educational Programs for Health Care Providers (23).

Implied in the preceeding comments are two fairly prevalent views of evaluation. Randall in describing various attitudes towards evaluation used the terms "Refinement Approach" and "Survival Approach" to distinguish between these views. The former type of evaluation is undertaken to improve the quality of courses; the latter is prompted by administrative demands "...for a justification of the training budget by proving the dollar value of training results."[6] As important as these views of evaluation might

be,* it is the position of this author that neither is adequate to meet the hospital-based educator's evolving role as internal consultant. A broader, more flexible concept of evaluation that can be applied to a variety of evaluation problems is needed.

One such definition is the following, proposed in Educational Evaluation and Decision Making by the Phi Delta Kappa National Study Committee on Evaluation:

> Educational evaluation is the process of delineating, obtaining, and providing useful information for judging decision alternatives.[7]

Although the concept defined is "educational evaluation," it does not presuppose that the decisions must pertain only to educational programs or courses. The decision alternatives might deal with any number of issues related to education such as the development of hospital policies and procedures, the initiation of new services for employees (e.g., career counselling, employee health education) or the relationships between the educational unit and other departments of the hospital.

To translate this definition into effective evaluation studies, hospital-based educators must develop strategies for identifying, gathering and presenting information that will be useful.

IDENTIFYING USEFUL INFORMATION

The usefulness of information is determined not so much by one set of absolute criteria as by the criteria imposed on the information by its users. A critical step in planning an evaluation, therefore, is to

*For a discussion of the potential dangers of trying to prove a relationship between educational efforts and "bottom line" benefits see Ron Zemke and Olaf Isachen. "HRD Effectiveness, Ten Ways to Blunt It," J. of Applied Management. Vol. 4, No. 2 (March/Aprile 1979), pp. 22-24.

identify who will be using the information and their perceptions about what will be useful. One group of users that is readily identifiable consists of those who will actually judge the decision alternatives. Less obvious, but equally important, are individuals who may be affected by the decisions or who have a vested interest in influencing the final decision. In any given situation, these various stakeholders may have widely divergent views about what constitutes useful information.

These views will be shaped, in part, by the values of the stakeholders. Some individuals may favor an economic basis for judging the alternatives. Others may look more closely at less tangible dimensions such as organizational climate, quality of service or ethical principles. Still others may consider pragmatic factors such as feasibility or expediency in accomplishing a desired result. In some situations, external regulations might be the factor of over-riding concern.

Another factor which can shape the perceived usefulness of information is the nature of the stakeholder's responsibilities within the organization. Consider, for example, a decision regarding the feasibility of starting an employee counselling center. The chief of personnel who has responsibility for recruitment may see such a service as a way of reducing absenteeism and turnover; the chief financial officer with responsibility for the fiscal viability of the institution may see it as a needless extravagance, and managers who have responsibility for maintaining morale may see it as a resource for handling difficult employees. As this simple example illustrates, each stakeholder can perceive a decision in a different way and, thus, perceive a need for different sets of "useful information."

Hospital-based educators, as internal consultants may find themselves

responsible for providing information upon which such decisions can be based. In these situations, it is important for educators to recognize that their personal and professional views may not be as significant in reaching the decision as the views of the stakeholders. Therefore, rather than attempting to answer questions directly, educators may find the following actions to be appropriate:

- Identify the stakeholders;
- Clarify the stakeholders' perceptions of the decision to be made;
- Assess the extent and nature of similarities and differences among the perceptions;
- Specify the major types of information that will be considered useful by the stakeholders, and
- Realize that no matter what is done, some stakeholders are likely to reject that information as useless.

GATHERING USEFUL INFORMATION

The usefulness of information is determined not only by what information is wanted by the stakeholders, but also by the ways in which the information is gathered. In looking at the reasons why information generated through evaluation studies is ignored with disconcerting regularity, a number of authors have concluded that stakeholders often do not have confidence in the data provided (5,11,16). Traditionally, data gathering methods patterned after the experimental mode of research were considered essential for a valid and useful evaluation study. Increasingly, however, writers on evaluation are calling this view of evaluation into question (6,8,9,11,12,16,18,19,24,25). The Phi Delta Kappa Committee, in discussing several major problems with evaluation, suggested that evaluation and research are two inherently different processes. The Committee cautioned that evaluators, in restricting

themselves to the rules and procedures of researchers, face consequences that may be counterproductive to the purpose they are trying to accomplish. The difference in purpose is summarized by the Committee in this way:

> Evaluations are designed not to establish universal laws but to make possible judgments about some phenomenon.[8]

A number of evaluation specialists would make a slightly different kind of differentiation. They would argue that the fundamental difference lies not between research and evaluation but rather in the nature of the research paradigm* used to guide the design of the evaluation. In contrasting evaluation to research, the Phi Delta Kappa Committee focused on the theoretical paradigm for research** commonly followed within the natural or physical sciences.

Guba, among others, has argued that such an approach to evaluation is not particularly realistic in a practical setting nor particularly useful when dealing with human interactions. In his monograph, Toward a a Methodology of Naturalistic Inquiry in Educational Evaluation, Guba proposed an alternative paradigm for guiding the design of evaluation efforts. He describes the difference between the paradigms as follows:

> ...the basic paradigm [of conventional inquiry] is (a) identify the independent and dependent variables of interest..., (b) eliminate possible confounding variables through laboratory control to whatever extent resources and circumstances permit, (c)

*For a discussion of the concept of research paradigm" see Thomas S. Kuhn. The Structure of Scientific Revolutions, Second Edition, Enlarged. University of Chicago Press, 1962.

**For a detailed comparison of the assumptions underlying the theoretical and practical paradigms for research, see William H. Schubert. "Recalibrating Educational Research: Toward a Focus on Practice." Educational Researcher, Vol. 9, No. 1(Jan. 1980). pp. 17-24,31.

> randomize selection and assignment of subjects to treatments, thus making possible the estimation of the effects of confounding variables..., and (d) compare the effect in the dependent variable with the error term to reach a judgment of its probable reality....The naturalistic investigator uses a quite different paradigm. He is concerned with description and understanding; thus, he begins,..by immersing himself in the investigation with as open a mind as possible, and permitting impressions to emerge. As impressions are formed, he checks them out by various means...testing one source against another until he is satisfied that his interpretation is valid.[9]

The two approaches described by Guba go beyond a difference in methodology or techniques. They represent two fundamentally different views of reality and knowledge which have relevance both for research and evaluation efforts. Underlying these two views are very different sets of assumptions* which have several implications for hospital-based educators as they go about the task of designing evaluations. First, educators operating from one assumption base could find the information they generate rejected or ignored by stakeholders operating out of the other assumption base. Second, educators could spend considerable time, money and effort trying to design experimentally sound evaluation studies when such an approach is unnecessary. Or worse, they could avoid doing evaluations because the prospect of an experimental approach is too overwhelming. Third, educators could find themselves in the uncomfortable position of having invested considerable energy to gather experimentally sound data only to realize

*See Appendix 1 for a summary of the differences between the more conventional, experimentally oriented mode and the naturalistic mode of inquiry. Also, Guba includes in his monograph, a good overview of the similarities between the naturalistic mode and several other major models for evaluation including: Stake's Responsive Model, Wolf's Judicial Model, Rippey's Transactional Model, Eisner's Connoisseurship Model and Parlett and Hamiliton's Illumination Model. A further source of information on the models and the assumptions underlying them is Effective Evaluation by Guba and Lincoln (12).

the data offer no real insights into the most pressing questions facing their organization. To avoid such pitfalls, educators may find it prudent to follow these principles:

- Analyze their own assumptions about the purposes of evaluation and the rules under which valid evaluations are conducted;
- Analyze the assumptions which contrast with their own in order to understand other frames of reference;
- Identify at the outset of an evaluation project the nature of data (e.g., quantitative or qualitative) and the data gathering approach in which the various stakeholders will tend to have confidence;
- Analyze and make explicit the nature of data and the data gathering approach that are appropriate given the purpose and objectives of the proposed evaluation, and
- If necessary, counsel stakeholders regarding the data and data gathering approaches appropriate for the project in order to foster greater understanding of and confidence in the information ultimately generated through the evaluation.

PRESENTING INFORMATION

Another factor affecting the usefulness of information pertains to the way in which the information is presented. One aspect of the presentation is the degree of formality which is needed. It is not uncommon for educators to assume that a comprehensive report must be prepared. Such reports may be seen as a mark of professional competence, the fulfillment of a contract, a necessary compilation of all pertinent materials related to the study. Those who rely on the report for information needed to make decisions, however, may view it as overwhelming, cumbersome and inefficient. The actual need for a formal report might wisely be verified before it is prepared by checking the expectations explicitly or implicitly set forth in the agreement which originally sanctioned the evaluation project. Another consideration affecting the formality

of the report is the amount of agreement or disagreement there is among the stakeholders. More extensive reports might be advisable in situations where major conflicts are likely to erupt. Likewise, greater documentation may be desirable when the decision is likely to have a widespread or long term impact. While these observations are not particularly new, they are made to emphasize a point that is often overlooked. Specifically, hospital-based educators should not automatically assume that formal reports are required or useful to those who will be receiving the results of the evaluation effort.

Another facet of this issue is the mode in which information is relayed. The preparation of formal reports necessitates written communication. Interestingly, Cox, in examining how managerial style affects the use of evaluation information, pointed out that managers tend to prefer oral communication. He stated:

> Relative to verbal interaction, written materials take longer to prepare, require longer turn around times, and exchange less information. Telephone calls and scheduled and unscheduled meetings are at the core of the manager's activity.[10]

Unquestionably, short, impromptu, oral exchanges of information have the advantage of expediency. In addition, they increase the probability that information will be received when it is needed and heard by the busy administrator. On the other hand, such exchanges can result in incomplete, misinterpreted, undocumented communication susceptible to all the problems which that can engender. Educators must, it seems, strive to achieve a balance between too much information too late and too little information too early.

A third consideration is the language to be used in presenting the information. Often in the quest for objectivity and precision, evaluation findings are reported in mathematical, statistical language. Again, the

usefulness of the information may be compromised if the stakeholders are unfamiliar with this particular type of language or do not value it. Further, a great deal of rich data may be lost in strictly quantitative reports.

A final consideration relates to the lack of a precise, clearly defined language for describing many of the complex inter-relationships which operate in organizations and impact on evaluation efforts. Since a fundamental act of evaluation is describing the entity to be judged, the lack of a well defined language can hamper an evaluation and make it difficult to articulate the findings of the study. Another dimension of the problem arises when stakeholders use the same words but give them different meanings. This can foster an illusion of effective communication while actually causing confusion and conflict. Also compounding the problem is often an impatience with individuals who press for clearer definitions and a disparagement of their efforts as "just semantics," "word games," and "nit picking."

To maximize the usefulness of the available information, Worthen offers the following advice:

> It was mentioned earlier that there are multiple audiences for most evaluations and these audiences have different information needs. The evaluator will have to tailor reports for these groups so that they depend on non-technical language and avoid over-use of statistical symbols or tabular presentation of data analyses...Another notion should be inserted here as well--that of interim or even continual reporting of evaluation findings. Timeliness is an important concern in evaluation. Information that is presented too late to affect the decision for which it is relevant is useless. Good evaluations will not depend solely on the printed word, but will include a variety of report formats, including "hot-line" telephone reporting, so the information is reported whenever it is needed to make a particular decision.[11]

As Worthen's comments suggest, the task of presenting truly useful information is not impossible. It may just require some innovative, and to some people, unorthodox procedures.

CONCLUSION

Hospital-based educators, like other professionals, carry out their job responsibilities in ways that are consistent with their own particular frame of reference. Thus, in planning and designing evaluation projects, hospital educators would tend to focus on information they perceive to be useful and to select methodologies they consider appropriate. As long as evaluation studies are undertaken primarily for the educator's own purposes (e.g., assessing learning, course improvement) only they need to be satisfied with the usefulness of the information obtained. However, as hospital educators move into the role of internal organizational consultant, they are in a position of having to provide information that is useful according to other people's frames of reference--many of which may be incongruent with one another. The impact of this state of affairs on the hospital educators' professional self concept and mode of operation can be significant. They may need to re-examine and come to terms with the relative importance of their own values and perceptions in the decision making process. And, rather than deciding unilaterally what information is needed, they may find themselves mediating among the information needs of many different stakeholders. While it would be impossible, in a paper of this scope, to present specific techniques for carrying out this mediating function, an effort has been made to highlight major issues which hospital-based educators can consider as they approach the challenge of designing meaningful evaluations.

END NOTES

[1]Rose Kennedy, "The Future of Hospital-Based Education," excerpted in Cross-Reference (July-August 1978), p. 7.

[2]The Education Function in Hospitals, American Society for Health Manpower Education and Training, 1978. pp. 15-19.

[3]Ronald W. Clement, James W. Walker and Patrick R. Pinto, "Changing Demands on the Training Professional," Training and Development J. Vol. 33, No. 3 (March 1979), p. 4.

[4]Daniel S. Schechter, Agenda for Continuing Education, A Challenge to Health Care Institutions. Hospital Research and Education Trust, 1974. p. 88.

[5]Kennedy, Ibid., p. 8.

[6]Lyman K. Randall, "Evaluation: A Training Dilemma," Reprinted from Training Directors J. (May 1960) in Evaluating Training Programs, Donald L. Kirkpatrick. American Society for Training and Development. 1975. p. 187.

[7]Phi Delta Kappa National Study Committee on Evaluation, Educational Evaluation and Decision Making, F.E. Peacock Publishers, 1971. p. 40.

[8]Ibid., p. 22.

[9]Egon G. Guba, Toward a Methodology of Naturalistic Inquiry in Educational Evaluation. Center for the Study of Evaluation, University of California 1978. pp.12-13.

[10]Gary B. Cox, "Managerial Style, Implications for the Utilization of Program Evaluation Information," Evaluation Quarterly, Vol. 1, No. 3 (Aug. 1976). p. 503.

[11]Blaine R. Worthen, "Characteristics of Good Evaluation Studies," J. of Research and Development in Education, Vol. 10, No. 3 (Spring 1977). pp. 17-18.

Table 1: Some Basic Differences Between Conventional and Naturalistic Inquiry

Points of Comparison	Forms of Inquiry: Conventional Inquiry	Forms of Inquiry: Naturalistic Inquiry
Philosophical base	Logical positivism	Phenomenology
Inquiry paradigm	Experimental physics	Ethnography; investigative journalism
Purpose	Verification	Discovery
Stance	Reductionist	Expansionist
Framework/design	Preordinate/fixed	Emergent/variable
Style	Intervention	Selection
Reality manifold	Singular	Multiple
Value structure	Singular	Pluralistic
Setting	Laboratory	Nature
Context	Unrelated	Relevant
Conditions	Controlled	Invited interference
Treatment	Stable	Variable
Scope	Molecular	Molar
Methods	Objective—in sense of inter-subjective agreement	Objective—in sense of factual/ confirmable

Taken from Egon G. Guba, Toward a Methodology of Naturalistic Inquiry in Educational Evaluation, Center for the Study of Evaluation, University of California, 1978.

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